Submission No 112

INQUIRY INTO REGISTERED NURSES IN NEW SOUTH WALES NURSING HOMES

Organisation: HammondCare

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Registered nurses in residential aged care

Response to the Response to the inquiry into registered nurses in New South Wales nursing homes

HammondCare

An independent Christian charity

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About HammondCare

Established in the 1930s, HammondCare is an independent Christian charity specialising in dementia care, palliative care, rehabilitation and older persons' mental health services. HammondCare is acknowledged as Australia's leading dementia-specific service provider and is dedicated to research and supporting people who are financially disadvantaged. HammondCare's mission is to improve quality of life for people in need, regardless of their circumstances.

We currently operate 893 residential care places across New South Wales and Victoria, 80 per cent of which operate in expert designed dementia-specific cottages. We also provide Special Care Programs for people displaying severe behavioural and psychological symptoms of dementia. On any given day, HammondCare provides community care to more than 1,700 people. Our HammondAtHome services provide care for older people, people living with dementia, palliative care patients, and respite and counselling for carers. HammondCare's Dementia Centre is recognised in Australia and internationally for its high quality research, consultancy, training and conferences in the area of best-practice dementia care.

Introduction

Registered nurses (RNs) have a vital and necessary role in residential aged care. They help to ensure high quality care by overseeing the management of medications, undertaking complex clinical procedures and are integral in the provision of palliative care and support. RNs also provide essential supervision, training and support to enrolled nurses, assistants in nursing and care service employees (CSEs).

HammondCare recognises the importance of RNs in residential aged care and they make up an important part of the care team in all our facilities. HammondCare has increased the number of RNs employed in residential aged care in recent years. HammondCare currently employs 109 RNs, including 14 new graduates, throughout its 11 aged care homes in NSW. We are currently supporting nine nursing students to complete a Bachelor of Nursing through an internal scholarship program and also run a comprehensive graduate program for new RNs which includes a significant residential aged care component.

We believe that the key to high quality care is having the right staff with the right skills and attitudes to provide care and support to residents. Setting staffing requirements and ratios through regulation fails to recognise the different care needs of residents and the flexible models that are required to meet them. Within existing and proposed quality frameworks, residential aged care providers should have the flexibility to develop and implement staffing models in line with their organisational philosophy and the resident profiles in the facilities they operate.

An RN on duty at all times

The NSW Public Health Act 2010 has a requirement that an RN be on duty at all times in nursing homes that provide care and accommodation exclusively to residents with high care needs. However an amendment to the Commonwealth Aged Care Act 1997 which came into effect on 1 July 2014, removed the distinction between high and low care in residential aged care services. The purpose for removing the distinction between high and low care residents was to enable greater flexibility in care provision and to bring about equity in accommodation pricing. However, this change had significant ramifications for the Public Health Act. As a result, the NSW Government decided to 'grandfather' the requirement for a further 18 months for those facilities which were classified as nursing homes before July 2014. This inquiry is considering the requirement for RNs to be on duty in at all times in nursing homes and in aged care facilities with residents who have high care needs.

It is important to recognise that aged care residents with 'high care' needs can have vastly different care requirements that will be best met through a range of different staffing models. While some facilities with 'high care' residents will require an RN on duty at all times, others will not.

HammondCare believes that it is appropriate to have an RN on duty at all times in aged care homes with high proportions of residents who have complex health care needs that require technical clinical interventions, such as complex pain management, wound care and the administration of catheters.[1] For example, this would be appropriate for facilities with residents who have limited mobility, require significant assistance with activities of daily living and also have a number of complex health interventions including regular administration of suppositories, complex pain management, skin integrity management, ongoing catheter care and support with compression bandages.

[1] See, for example, the list of Complex Health Care procedures in the ACFI User Guide: Australian Government Department of Health and Ageing (2012): *Aged Care Funding Instrument (ACFI) – User Guide*, Commonwealth of Australia, 37-39.

Some residents who would have had a 'high care' classification before July 2014 do not have complex clinical care needs that require around the clock nursing assistance. Consider an ambulant resident with cognitive impairment who has high care needs and requires significant assistance and prompting to perform personal care tasks and activities of daily living. Also contributing to this resident's high level of care are ongoing behavioural support for 'wandering' and verbal or physical aggression. However this resident does not require complex health care interventions. Ongoing support for this type of 'high care' resident is best provided by a team of dedicated CSEs, who know the resident well and are able to tailor the prompting and assistance they provide in a way that is meaningful to the particular resident. For facilities with this type of 'high care' resident, around the clock support from an RN is neither necessary nor appropriate.

Recommendation

That all policies and regulations about the staffing in residential aged care facilities recognise that residents with high level needs have diverse care requirements which are best met through flexible care and staffing models.

The role of RNs in managing medication and reducing hospital admissions

Managing medication

HammondCare believes RNs have an important role to play in managing medication in aged care homes, however our current practice demonstrates that it is not necessary for RNs to administer medication. In fact, liberating RNs from the medication trolley and documentation enables them to fully use their clinical skills and effectively engage in resident care where they are required.

At HammondCare's aged care facilities, RNs oversee medication management and CSEs who have received training and reached a level of competency in administering medication to perform that task. The appropriately trained CSEs use dose administration aids prepared by pharmacies to administer medication, ensuring that the correct medication is administered to the right resident at the right time. This approach, for residents formerly considered both 'high care' and 'low care', has consistently been shown to be satisfactory through the Commonwealth's expected outcome for medication management.[2] Within this medication policy framework, RNs check, audit and track the administration of medication and have mechanisms for managing any incidents that occur. When a resident has a change in medication, an RN oversees the implementation of new arrangements to ensure that there are no adverse outcomes.

Reducing hospital admissions

RNs also have an important role in responding to critical incidents to avoid unnecessary admissions to hospitals from aged care homes. However, it must be recognised that there are clear limits to the scope of practice for nurses who, on their own, are also unable to prevent hospital admissions in certain circumstances. If a resident requires a change in medication, the aged care home must seek external support from a general practitioner or a nurse practitioner with prescribing rights. In the same way, RNs in an aged care home are unable to use the equipment required to administer intravenous antibiotics for more serious bacterial infections. Improving hospital avoidance among aged care residents is a challenge that must be addressed through formalised processes developed with input from the industry and the state, territory and Commonwealth governments.

Recommendation

That the aged care industry work with the Commonwealth and the states and territories to develop formalised processes for preventing admissions to hospital from residential aged care.

[2] Australian Aged Care Quality Agency: Expected outcome 2.7 Medication management: Care recipients' medication is managed safely and correctly. See: https://www.aacqa.gov.au/for-providers/residential-aged-care/resources/copy_of_BROCAH0011AccreditationStandardsfactsheetEnglishv14.1.pdf

Nurse to resident ratios

It is difficult to gauge the ratio of nurses to residents in nursing homes and other aged care facilities because, apart from State Government run homes in Victoria, there is no requirement for aged care homes to meet a set ratio and no standard process for recording them. While it does not look specifically at ratios, the current Australian Aged Care Quality Agency accreditation process does evaluate all aged care facilities on their ability to provide an appropriate mix of qualified staff. [3] Critically, the expected outcome related to human resource management recognises the different purposes and contexts under which aged care homes operate. Unlike ratios, this outcome considers the home's "philosophy and objectives" when looking at the appropriateness of staffing arrangements. HammondCare believes this is a sensible approach to staffing levels in aged care homes.

At the core of any discussion about staffing or nurse ratios in residential aged care, is a concern about quality. However, there is evidence to suggest that ratios are certainly not the only – and not necessarily the best – levers for ensuring and improving quality. A study conducted in the United States to examine the impact of staffing levels on quality in nursing homes, found that broader care processes related to staffing are just as relevant.[4] As well as the overall number of staff and the skill mix, the researchers found that other factors such as the use of agency staff and the stability of the care workforce also have an impact on the quality of care. The study concluded that "consistency of care, coordination and care practices" are the crucial staffing elements for achieving and maintaining high quality care. This finding highlights that a stable and consistent staff team that works well together is critical in the care environment. When these conditions are present, care staff of all qualifications will be empowered to demonstrate leadership and take the time get to know the residents they support. Factors such as these are difficult to mandate or regulate as they have more to do with management, staff culture and organisational philosophy than measurable inputs.

There is also a strong precedent for not employing staff ratios as a proxy for quality. In its 2011 blueprint for aged care reform, the Australian Government's Productivity Commission carefully considered the evidence and argued against the implementation of staffing ratios.[5] One of the key reasons for the Commission's rejection of ratios was that they are "a relatively blunt instrument". Unlike the approach taken by the Australian Aged Care Quality Agency, set ratios are not well suited to accounting for differing models of care and the subtle differences in context among facilities. The Productivity Commission acknowledged that standardised staffing ratios could have an adverse impact in this way, adding that the introduction of mandated staff ratios had the potential to stifle innovation and the evolution of care models. Finally, the Productivity Commission recommended that facilities collect and publish quality indicators as an alternative strategy for strengthening quality assurance. In May 2015, KPMG began the first cycle of an Aged Care Quality Indicators Programme pilot, looking at ensuring quality by measuring the outcomes of care. Other approaches such as this must be considered when measuring quality, while still giving aged care homes the flexibility to operate using innovative, resident focused models of care.

Recommendation

That residential aged care providers have the flexibility to determine their own staffing models in line with their philosophy and objectives, and in accordance with the Commonwealth accreditation process.

[3] Australian Aged Care Quality Agency: Expected Outcome – 1.6 Human resource management: There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives. See: https://www.aacqa.gov.au/for-providers/residential-aged-care/resources/copy_of_BROCAH0011AccreditationStandardsfactsheetEnglishv14.1.pdf

[4] Castle, N. G. and Engberg, J. (2008): 'Further Examination of the Influence of Caregiver Staffing Levels on Nursing Home Quality', *The Gerontologist*, Vol. 48, No. 4. 464-476,474.

[5] Productivity Commission (2011): *Caring for Older Australians*, Vol II, Commonwealth of Australia, 370.

Further regulation of care staff

In its 2011 report on the aged care system, the Productivity Commission also advised against a licensing regime for non-nursing care staff in residential aged care.[6] The commission concluded that such a move would be counterproductive as it would reduce flexibility across the aged care system. Instead, it found that the current Commonwealth accreditation process, staff training and professional development were more effective mechanisms for promoting quality care.

Based on our experience, we support this policy approach. All of HammondCare's care service employees in residential aged care services take part in a comprehensive induction and training program. If they do not have a Certificate III or IV in aged care, they are able to receive support to complete these qualifications through a traineeship.

Recommendation

That resources for staff training and professional development for non-nursing care staff in aged care be increased.

Commonwealth Government reforms

The Commonwealth Government is currently engaged in implementing a series of far reaching and long term reforms to the aged care sector system at increasing choice and promoting quality for residents, clients and their carers. The measures aimed at increasing choice and service quality include the deregulation of the allocation of aged care places and the piloting and introduction of quality indicators. At the same time the Commonwealth Government is introducing a series of reforms aimed at reduce the red tape burden on a number of industries, including aged care.[7] In this context, it makes sense to let these reforms take effect without other jurisdictions imposing additional regulatory requirements.

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[6] Productivity Commission (2011): *Caring for Older Australians*, Vol II, Commonwealth of Australia, 373-374.
[7] https://www.dss.gov.au/sites/default/files/documents/05_2015/rtrap_web_version.pdf